

CITY OF EASTON, BUREAU OF ENGINEERING

APPLICATION for SANITARY SEWER CONNECTION

LOCATION _____
(street name and address; if a subdivision, provide plan with lot numbers)

OWNER/DEVELOPER

CONTRACTOR

Name _____

Address _____

Phone _____

Contact _____

Building Use and Description _____

TYPE OF SEWAGE

☐

Residential

No. of Proposed Units or Apartments _____

No. of Existing Units or Apartments _____

☐

Non-Residential

Proposed Domestic Discharge _____ Gallons Per Day

Proposed Commercial/Industrial Discharge _____ Gallons Per Day

Proposed Total Discharge _____ Gallons Per Day

Existing/Previous Discharge _____ Gallons Per Day

☐ Restaurant or Food Processing ☐ Grease or Oil Discharge

☐ Commercial/Industrial Discharge (Attach copy of industrial permit or application)

Date _____ Signature _____

(complete both sides)

CITY OF EASTON, BUREAU OF ENGINEERING

APPLICATION for SEWER SERVICE

APPLICANTS – provide all information requested above the dotted line.

Check One: ☐ New Service ☐ Continued Service

Property Location/Address _____
Or Tax Parcel Number _____

List ALL Owners:

_____ Current Owner (print name)	_____ Signature	_____ Date
_____ Current Owner (print name)	_____ Signature	_____ Date
_____ Prospective Owner (print name)	_____ Signature	_____ Date
_____ Prospective Owner (print name)	_____ Signature	_____ Date

* * * * *

This portion for completion by Office of the Treasurer

Account No.	\$ Amount Owed	Account No.	\$ Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____

Check One: ☐ Approved ☐ Disapproved

Agent _____

Return to Bureau of Engineering

(complete both sides)